

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	3		3			
5	3		3			
6	1		1			
7	0		1			
8	0		1			
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50						
TOTAL IND.			1			
TOTAL DEP.			11			
TOTAL CLAIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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